

Paraprofessional staff shall possess a high school education and have verified training, experience and skills specific to working with individuals with serious and persistent mental illness. Staff to client ratio shall be one (1) staff to twelve (12) clients per site.

5. Community Focused Treatment Program Certification Process:

All Community Focused Treatment programs require approval through the completion of the Community Focused Treatment Program Certification form, which is then reviewed and approved by the Bureau for Medical Services.

Any changes from an approved original certification must be submitted with corresponding rationale for the changes. This assessment also includes a summary of utilization for the past year. Specific content is described in the application for Community Focused Treatment Program Certification used by the Bureau for Medical Services.

Assertive Community Treatment (ACT)

ACT is a multi-disciplinary approach to providing an inclusive array of community-based rehabilitation services to individuals that are to be provided by multi-disciplinary professional teams certified by the Department.

Eligibility Criteria:

Eligibility criteria for an ACT program is specific to a target population comprised of those members who are most in need and most suitable for the ACT services. The individual must:

- A. Be an adult, eighteen (18) years of age or older who has been diagnosed with a severe and persistent mental illness as described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, and
- B. Be in an eligible Disability group defined as one of the following: MH (Mental Health); MH & SA (Mental Health & Substance Abuse); or, MH & MR/DD (Mental Health & Mental Retardation/Developmental Disability) for those individuals who have a mental illness as the primary diagnosis and a secondary or co-occurring diagnosis of Mild Mental Retardation. The secondary or co-occurring diagnosis is limited to Mild Mental Retardation. Those individuals who have a primary Mental Retardation/Developmental Disability diagnosis are not eligible to participate in the ACT program. ACT is furnished to all individuals who are determined to meet the medical necessity criteria for the service.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to

ATTACHMENT 3.1-A and 3.1-B

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## C. ACT Services Team Composition and Staff Qualifications:

The ACT team shall be comprised of a multi-disciplinary, multi-functional professional staff, specializing in mental health, substance abuse treatment, and vocational rehabilitation. Minimum services included in ACT are: Psychiatrist services, counseling, medication management, care coordination of mental health services, community focused treatment, basic living skills, behavioral management, clinical evaluation and crisis services and treatment planning.

At a minimum, the team shall include staff with the following qualifications:

1. one (1) licensed physician/psychiatrist who is board certified;
2. one (1) full-time Team Leader/Supervisor with three (3) years experience in behavioral health services, two (2) of which must be in a supervisory capacity, and a Master's degree and valid West Virginia license in either Counseling, Nursing, Social Work, Psychology or be a Psychologist under Supervision for Licensure (formally enrolled in the WV Board of Examiners of Psychologist Supervision Program);
3. one (1) full-time Registered Nurse with one (1) year psychiatric experience;
4. two (2) full-time staff at the Master's level in Counseling, Nursing, Social Work, or Psychology and two (2) years experience in behavioral health services, specializing in substance abuse assessment/treatment and/or vocational rehabilitation; and,
5. one (1) full-time staff at the Bachelor's level in Social Work or the Behavioral Sciences with behavioral health services experience.

The psychiatrist shall be actively involved with clients and the team for a minimum of sixteen (16) hours a week, and will physically attend/participate in one (1) or more team meetings a week. The ACT team must meet daily to review cases in their caseload; the psychiatrist must also participate in the daily team meeting either in person or by means of video conferencing when unable to be physically present. The team may participate via teleconferencing with the exception of one (1) day per week when the team must meet face-to-face. The psychiatrist must physically participate in the annual service planning session. The psychiatrist and/or physician assistant and/or a psychiatric nurse practitioner may substitute for the psychiatrist as long as they are under the direct clinical supervision of the psychiatrist (except for his/her attendance at the annual service planning session) and the psychiatrist evidences direct clinical involvement with the ACT team and members.

## D. ACT Discharge Criteria:

The member may be discharged from the ACT program for any of the following reasons:

1. Member no longer meets eligibility criteria;
2. Member has met all program goals and is at maximum level of functioning;
3. Member has moved outside of the ACT team's geographic area;
4. Member is no longer participating or refuses services regardless of ACT team's efforts at engagement;
5. By virtue of diagnosis or intensity of service needs, member would be better served by an alternative program of care.

## E. Caseload Mix and Ratios:

ACT Teams may serve fifty (50) members per team at a minimum and may increase to one hundred and twenty (120) members at a maximum as long as the staff to member ratio remains 1:10. As additional members are added to the ACT team, the number of staff will increase to maintain the 1:10 staff to member ratio (the ratio may not include the psychiatrist). **Note: The ACT Team shall not serve non-ACT members.**

## F. ACT Service Elements and Fidelity Indicators:

The ACT Team is required to provide a combination of long-term services designed to meet national fidelity standards and individualized to the member. If necessary, services are provided twenty-four (24) hours a day, seven (7) days a week with seventy-five percent (75%) being community-based and delivered directly to the member outside of program offices.

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